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ABSTRACT

In 1979, Delta College, in Michigan, established a bioethics requirement for all nursing students. This paper describes a project to teach one of the required ethics course to local hospitals to observe students while they work and discuss ethical dilemmas as they arose. Introductory sections discuss project rationale and procedures, indicating that the instructor accompanied students on their rounds, learned patients' case histories, discussed ethical issues as they arose, and held discussion sessions at the end of each day. The next section provides two case studies of student observations at the pediatric unit of a local hospital, detailing the ethical issues raised. The first describes an adolescent with cerebral palsy at the developmental level of 4 months which raised issues concerning the decision-making prerogative of nurses and whether a patient's quality of life should be a criterion for treatment. The second addressed the question of whether a 1-month old infant decreasing in weight and head circumference was a victim of child abuse or neglect. Next, three case studies of psychiatric patients at another hospital highlight the issue of medical staff or societal intervention, describing student interactions with a suicidal, depressed woman; a violent adolescent; and a young man with a history of substance abuse who continues to receive a substantial student grant. The final sections discuss the general success of the project in terms of student interaction and instructor enrichment. (ECC)

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ETHICS IN THE WORK ENVIRONMENT

Applied Bioethics in the Hospital for Delta's Nursing Students

by

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The History of Bioethics at Delta College

In 1979, Delta College received a National Endowment for the Humanities Grant to set up one of the first community college nursing ethics programs in the U.S. It requires that all Delta nursing students take five continuous credits of applied ethics, two ethics courses taught by the philosophy department.

Bioethics 230 is a two credit class that has been taught in the traditional manner of lecture, discussion, introduction to theoretical concepts and skills for analysis of a medical ethical dilemma. The students have either not yet entered the nursing clinical program or are in their first semester. Bioethics 231 is typically taught once a month to a group of ten clinical nursing students who drive to Delta for a two hour class after a full 7-9 hours at one of the local hospitals, most of which are located at least thirty minutes away from Delta. Furthermore, many of our students drive long distances from their homes which are sometimes another hour or more from Delta.

THE ACTUAL PROJECT IN THE WORK ENVIRONMENT

One of my aspirations for teaching the Bioethics 231, clinical sequence has been to go to the hospitals and actually observe the students on the floor caring for patients, learn the case histories of patients, observe what the students actually do in the hospitals and see how much responsibility they are given in caring for patients, and to discuss and propose solutions to any ethical dilemmas as they arise.

I obtained permission from two nursing instructors, Lori Weirda and Marlene Mehlhouse, as well as from the hospitals and the patients in the psych unit at Saginaw Community Hospital.

PROJECT RATIONALE

The primary reason for doing this project is to become a better and more effective instructor of applied ethics. The following is a list of the main reasons for doing the project:

1. First hand knowledge of the clinical student's experience will provide insight into relevant topics and issues for tailoring the classroom ethics lectures as well as holding the clinical nursing students' interest and enthusiasm.
2. A reality-based ethics course will provide practical and immediate application of ethical concepts and skills for the student in the hospital, their work environment. Students will have to confront the ethical issues as they arise.
3. Course offerings outside of the medical ethics arena may benefit from discussion tools and problem-solving techniques developed during observations of the hospita' staff and patient cases. This has already occurred in the Health Care Ethics class that I teach for the pre-clinical nursing students.
4. The learning and teaching experience will be more stimulating and exciting for the students as well as for myself. (I have long desired to leave the classroom and "do" ethics on site.) One of the most exciting aspects of teaching philosophy is when I am able to illustrate the direct application of abstract and seemingly irrelevant ethical theories and principles that are usually only read about in textbooks.
5. More so than in any other philosophy course, an empathetic student-teacher relationship is vital to facilitate frank and open dialogue about often emotive issues. I wanted to show the students and the nursing faculty that I do care about their world and would like to be an active teacher in their learning environment.

6. Frequently, in the clinical setting, student anxiety level is extremely high, and at times it affects performance to the point of failure. By leaving the classroom setting and entering the hospital environment, I may not be viewed so much as an authority figure or a teacher with grading power. Asking for patient case histories defers to the medical knowledge and expertise of the students. This approach provides moral support to the student and hopefully builds their confidence in the clinical setting.
7. On the personal level, this project provided an exciting opportunity for me to break out of the traditional role of ethics teacher and become a practicing-ethicist.

WHAT I DID AND WHAT HAPPENED

I planned to meet the students at the hospital and follow them on their "rounds", ask for the patient's case histories, ask about any ethical dilemmas or concerns the students were encountering, make observations, lend support and maintain the confidentiality of the patients. The nursing instructors and I agreed that a "wrap-up" session at the end of their day would be beneficial. We planned on twenty or thirty minutes, but actually spent 60-90 minutes each time.

PEDIATRIC NURSING at ST. LUKE'S HOSPITAL

Of all the hospitals in the Tri-city area, St. Luke's of Saginaw, has the best and largest pediatric unit.
Children are referred to it from not only Saginaw, Bay, and Midland counties, but all the out-lying counties as well.

If St. Luke's can't handle it, then the children are usually sent to the University of Michigan Hospital or Children's Hospital in Detroit. I felt honored to be an observer and teacher in this environment.

On October 16, 1992 I met with Lori Weirda's Pediatric Nursing Class at St. Luke's from 9:00 a.m. to 1:30 p.m. on the pediatric floor. I sat with three students and their patients. I later met with the entire class of eight students and discussed the ethical issues that we had encountered that day. We actually spent an hour and a half at St. Luke's and then forty-five minutes at Saginaw Community.

Two Illustrative Cases at St.Luke's Pediatric Unit

CASE STUDY #1: Adolescent with Quad Cerebral Palsy and Four Month Developmental Level

As soon as I met Lori, she took me to a room where one of my former male students was rubbing the back of a male child who was in contractured fetal position with about twelve tubes and I.V.s running from all of his extremities. The child looked to be about ten years old and was moaning and sucking on a Mickey Mouse toy made of rubber. The room was dark and charged with Dennis' (the student nurse) nervousness and the boy's pain. Lori left, and I felt very uncomfortable. Dennis told me the boy was fifteen years old but was developmentally at the level of a four month old. His primary enjoyment was oral gratification and hence the toy since his mother did not believe in pacifiers. The boy had been born with cerebral palsy and was recovering from bile duct surgery to close up an anomaly. He had been in the hospital a week and the doctor had ordered nothing by mouth.

This was a dilemma for Dennis, since the boy's dependent upon oral gratification and is probably hungry so how can he relieve the boy's discomfort? The doctor kept prescribing pain medication whenever the boy moaned and thrashed, yet Dennis thought, as did some of the nursing staff,

that the boy did not need pain medication as much as he needed to be consoled and have his basic needs for sucking and comfort met. The boy is unable to eat from a spoon and receives most nourishment from permanent tube feeding. although the mother and grandmother have tried feeding him with a spoon. he often cannot swallow. (Sometimes they do feed him with a bottle.) Dennis had spent two days with this patient and most of the time he was rubbing the boy's back and thin limbs while softly speaking to him. I was impressed and touched by Dennis' sensitivity, patience, and acceptance of "Bill". It was truly a tragic case, there's no hope for improvement, only deterioration.

This case raised numerous ethical issues:

-- Should nurses always follow doctors' orders?

-- How far should student nurses become involved in making these decisions?

-- Should the medical profession and the parents have allowed the boy to die at birth or shortly thereafter given the severity of his defects?

-- Should the medical profession and his mother always continue to treat when a catastrophic illness or situation occur, as has happened quite frequently for the past few years?

-- Should treatment stop when quality of life is so diminished?

-- Is the boy suffering all the time or just after surgery or during an illness?

-- What about the cost of the care which is paid for by the taxpayers?

-- Are there any support services for the mother?

All of these points were explored and discussed with all of the students and Lori. I was the moderator of the discussion. All of the students spoke freely about their patient or another's and were very interested in the other students' patients and the ethical dilemmas or concerns that were encountered that week. We did have a chance to address most of the students' patients and the ethical aspects surrounding each

case. I felt very pleased with the quality, relevancy, immediacy, and enthusiasm as well as the emotion in the discussion.

CASE STUDY #2: One month old Failure to Thrive Male Infant

Lori led me to a room where one of the nursing students was holding and rocking what appeared to be a healthy newborn baby. After Lori left, the student told me the facts of the case. Upon admission the infant was underweight for his age, six pounds eight ounces instead of the average seven and a half pounds. This places him in the twenty fifth percentile. Furthermore, his head circumference has decreased since birth and places him in the fifth percentile. The nursing instructor pointed out that this often results in lessened brain capacity and may interfere with learning and intelligence. Upon admissions, the infant was not well kept or clean; he was very dirty and greasy. He had a bacterial infection in the mouth and cradle cap. His mother and father brought him to the hospital because he was spitting up a lot and vomiting. The staff suspected improper feeding and burping after bottle feedings.

The doctor was conducting tests to determine if the failure to thrive condition was organic or inorganic in nature. But upper G.I. tests and ex-rays results were normal. Inorganic causes could be a result of improper feeding and inadequate emotional bonding. If so, then protective services and the Failure to Thrive Team of St. Luke's nursing staff would be notified and each of these agencies would begin an investigation and initiate any other procedures they found necessary.

Ethical Issues Encountered

-- Is this a case of child abuse or neglect?

The students could not understand how parents could do this to their child. I recommended extreme caution in forming a hasty judgement

regarding the parents since they had sought medical attention for the child at least twice in its four weeks of life and the infant was in basically good health except for lack of weight gain. His eighteen month old half sister was healthy and normal but she had a different father than her brother and probably was raised in a different environment as an infant.

Furthermore, the child was very alert and responsive to touching and holding and the child could hear noises. Yet the student informed us that work men were drilling across the hall and the infant was not disturbed by the noise. Hence, the students and the nursing instructor wondered what kind of environment does the baby live in?

I remarked that he never cried while I was there and was told that this is often a sign that his cries may be ignored at home and he's already learned not to cry to have his needs met and hence may receive even less feeding.

The plan was to try to educate the parents with films and conversation (although the mother was very reticent to talk to the nursing staff), get the Women, Infants, and Children program of Michigan involved, and have the Failure to Thrive Team of St. Luke's go into the home, investigate, make recommendations and do follow ups. Since this date, the team has been involved on a weekly basis and so far so good. This case was very heart-wrenching for me and the students. Most of us are parents and many of us have had some medical problems relating to our children. Mine were born two and a half months early, weighed two pounds, thirteen ounces and were critical at different times during their hospital stay. The mal-nourished infant reminded me of my son who was so thin at birth. I was conscious of working at overcoming the intense emotional element and focusing the discussion in a rational direction. The immediacy and the intensity of the case were what effected us the most.

PSYCHIATRIC NURSING AT SAGINAW COMMUNITY HOSPITAL

On November 4, 1992 I met with Marlene Mehlhouse's psychiatric nursing students at Saginaw Community Hospital from 9:30 am until 12:30 p.m. I observed the students implement a game for the clients in the adult activity room. The students had brought Halloween candy and most of the clients seemed happy to indulge. I thought it was a good way to break the ice and create a "playful" atmosphere. Some of the clients were very involved, animated and social. A few sat by themselves at their own table and either spoke to no one in particular, or shouted at others about the Russians taking over the United States or remained silent but angry when spoken to by either the students or other clients. Marlene then had me join various students and clients on a one to one basis.

CASE STUDY #1: SUICIDAL AND DEPRESSED TWENTY-ONE YEAR OLD

"Jeanette", is a twenty-one year old female who was brought to the psychiatric unit because Saginaw Police found her on the Zilwaukee bridge contemplating suicide. It was not her first attempt. She told me and the student that she hears her grandmother and her sister calling her and telling her to join them so that she can escape her pain. Both of them have been deceased for years. She recently experienced many deaths of family members and claims she hasn't been able to grieve for them, even though, she knows she should. She has problems sleeping at night and is receiving medication for her depression and insomnia. She stated that the previous night was the first time she had been able to cry over these losses. From all staff accounts, she had been through hell in her short life. I was surprised she was so young. She looked to be in her mid-thirties, tired, very short, overweight, and dressed matronly rather than fashionably as most young women do. She was very communicative, even though I was present and another client, Sandra, a schizophrenic,

continually interrupted us. Our conversation lasted about twenty minutes and then I was called to join another student and her client.

CASE STUDY #2: VERY VIOLENT TWELVE YEAR OLD BOY

As I sat at a table in a private room, a student entered with a very small and frail-looking young boy. I thought he was about eight or ten years old, but was twelve. The student introduced us and received his permission for me to listen to him. He was very articulate but shy. He told me he was in the hospital because he skips school and won't do his chores at home. He proudly informed me that his teachers and counselors have tested him and he's got a very high I.Q. Upon prodding from the student, he revealed that when his parents work, his seventeen year old brother beats him up whenever he gets the chance. He spoke of leaving the hospital to live with a married couple who have a baby and care for two other boys his age. He seemed to be a bit apprehensive but eager to try this new living arrangement.

After he left, the student informed me that the real reason he's in the unit is because he's taken a baseball bat to his mother and father and threatened to kill them. He doesn't sleep very much and keeps his bedroom door locked when his brother is home. I suspected sexual abuse by the brother due to his manner and body language. The student said the staff does also but the boy denies anything of this nature and won't talk about it. It was obvious that the boy was in a great deal of emotional pain.

Ethical Aspects of the Case:

-- Should a child be removed from his parents under these circumstances?

-- How far should the medical staff go in determining the extent and nature of abuse when an adolescent refuses to divulge anymore information?

-- Should society intervene in the family home in this kind of case?

-- Where do we draw the line in terms of family privacy and protecting a twelve year old child?

Probably due to protecting the confidentiality of a minor, there were many aspects about this case that were unknown to the instructor and the students and with so many missing pieces to this case, it was difficult to suggest possible solutions to the ethical questions posed.

CASE STUDY # 3: NINETEEN YEAR OLD AMERICAN INDIAN WITH SUBSTANCE ABUSE PROBLEM

John is a very attractive and charming nineteen year old Central Michigan University student, from Bay City. He has a history of substance abuse since age twelve. He was admitted to the unit by court order due to crimes he committed while either on drugs or alcohol. The unit has provided him with counseling and are treating his addiction with the drug Anabuse which reacts with alcohol and certain drugs causing extreme illness.

Two students and I spoke with John for forty-five minutes and he appeared to enjoy himself immensely. A staff nurse came twice to remind him that he had an arts and crafts appointment to keep. He spoke about his plans upon leaving the clinic; going back to C.M.U. and getting things in order academically, seeing his female counselor whom he spoke affectionately about, and the Thursday night party that his suite-mates always have. Yet he said that he wouldn't drink when he gets out. (The nursing students and I did not believe him.) He told us that he works a few hours a week on campus, but doesn't have to worry about money since he receives a full ride on an American Indian Grant. None of us know if in fact he was American Indian and knowing the law governing proof of Indian ancestry, the class was skeptical. He also told us that he has a town house in Mt. Pleasant and dorm room on campus. He plans on travelling to Europe for six weeks after Thanksgiving before Winter semester begins.

Ethical Aspects to the Case:

-- Should a person with abuse problems continue to receive a generous student grant?

-- How should society's resources be distributed?

-- Should society try to correct past injustices with monetary grants for education? If so, which groups should receive them and why?

The class and the instructor were overwhelmingly disturbed by John receiving so much government money to go to school and live at a very comfortable level. Many of the nursing students are at or near the poverty level and this case hit them close to home. If we had the time, I would have gone into a brief history of affirmative action, unequal "starting lines" in society, past injustices and attempts to right past wrongs.

By arguing analogously, I would have told them that New York passed a law preventing alcoholics to receive more than two liver transplants. Their rationale is based on cost-effectiveness: the costs to society are not recouped by the effectiveness of the treatment for the alcoholic especially when livers are scarce and there are many other suitable recipients. Arguments against this law are based on the claim that it is unfair to the alcoholic who cannot control the disease. Yet, is it fair to those who are not alcoholics and are on the waiting list for their first liver transplant? We would have then discussed different ways in which society should distribute its resources, both monetary and medical.

PLANS FOR THE FUTURE:

The nursing instructors and I thought the project was a success. It initiated a lot of enthusiastic discussion and students were able to see the relevancy of ethics in nursing. One instructor told me that her students have never opened-up and talked so much. I found the experience to be more than illustrative of the intensity, relevancy, and immediacy of

ethical applications to actual patient cases. The days at the hospitals involved many non-medical ethical issues such as social, political, economic and historical ones.

Lastly, I'm planning some possibilities for evaluation. Probably the students' evaluations will be based primarily on their participation during the wrap-up sessions. I will also ask the students and the instructors to write about their impressions, suggestions for improvement and any other concerns. This is a project in progress.

UPDATE ON THE NURSING ETHICS PROJECT
July 1993

Due to the fact that there was no curriculum change in the course PHL 231, there was no need for a new course approval procedure. I merely discussed the method of instruction with the Humanities Division Chair, Andrejs Straumanis; the Nursing Division Chair, Faye Ebach; and the Dean of General Education, Dr. Betty Jones. All of whom were very enthusiastic and I am appreciative of their continued support in this project.

Since the initial conception of this project, I have successfully taught Bioethics 231 in the nursing students' learning/work environment employing the "philosophy teacher shadowing the nursing student" method for an hour then a group discussion with the nursing instructor usually present for another hour.

The students and the nursing instructors have been very enthusiastic about the new approach to applied ethics and state that it does in fact make the abstract and difficult concepts of ethics relevant and concrete. Further and continuous evaluation will occur every semester.

So far it has been an enriching learning and teaching experience for both students and instructor due to some of the following accomplishments.

It increases the philosophy instructor's knowledge of the American health care system and the students' work environment.

It increases the effectiveness of the philosophy instructor's teaching because she's in the midst of the health care environment which furnishes her with a wealth of reality-based and immediate material for the students to ethically analyze.

It increases the quality of the student's learning and hence the effectiveness of the institution.

It strengthens the relations between the nursing and philosophy departments through cooperation and coordination of class meetings and some team teaching.

It builds relationships between the philosophy department and the local hospitals by taking philosophy out of the classroom and into the health care environment. Hence, the community college becomes visible in a work place in a way that it never was before, i.e., the philosophy teacher.

It is cost-effective, its essentially free because there's no implementation cost and no additional cost to the institution other than what it would pay a faculty member for a course.

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